

# LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

52  
Lobbyist's Registration Number

## Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY  
Postmark Date: 12/31/01

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1. NAME Picou Elizabeth L MI  
Last First MI
2. BUSINESS PHONE 504 680 1940
3. BUSINESS ADDRESS 400 Poydras St. New Orleans, LA 70130  
Street and No. City State Zip
- MAILING ADDRESS P.O. Box 60252 New Orleans, LA 70160  
Street and No. City State Zip
4. EMPLOYER Texaco Group Inc.
5. EMPLOYER'S ADDRESS same as above  
Street and No. City State Zip
6. Have you ceased or terminated all lobbying activities requiring registration? Yes ☒ No ☐
7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Texaco Inc., its affiliates and subsidiaries

Address same

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☒ Terminated Representation as of 12/27/01

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2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

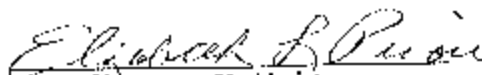
☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [L.S.A.-R.S. 24:50 et seq.] has been deliberately omitted.

  
Signature of Lobbyist